DEPARTMENT OF THE NAVY
OFFICE OF THE CHIEF OF NAVAL OPERATIONS
2000 NAVY PENTAGON
WASHINGTON, DC 20350-2000

OPNAVINST 1740.5A
PERS-662
30 Jan 2002

OPNAV INSTRUCTION 1740.5A

From: Chief of Naval Operations
To: All Ships and Stations (less Marine Corps field addressees not having Navy personnel attached)

Subj: PERSONAL FINANCIAL MANAGEMENT (PFM) EDUCATION, TRAINING AND COUNSELING PROGRAM

Ref:
(a) MILPERSMAN 7000-020
(b) DODD 1344.9 of 27 Oct 94
(c) OPNAVINST 1500.22E
(d) SECNAVINST 5211.5D
(e) OPNAVINST 1754.1A
(f) SECNAVINST 1740.2D
(g) CNETINST 1510.1F
(h) SECNAVINST 5040.3A

Encl:
(1) Command Financial Specialist (CFS) Qualifications, Functions and Training Sites
(2) Core Program Areas and Initial/Life Cycle Training Continuum
(3) Command and Staff Responsibilities
(4) Fleet and Family Support Center (FFSC)/Mobile Training Team (MTT) Personal Financial Management Program Responsibilities
(5) Sample CFS Letter of Designation

1. Purpose. To implement a comprehensive Personal Financial Management (PFM) Education, Training and Counseling program that emphasizes a proactive, career lifecycle approach to servicemembers' personal financial responsibility and accountability by providing basic principles and practices of sound money management, counseling tools and referral services using a comprehensive education and training program. This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. OPNAVINST 1740.5.

3. Background

a. Recent Navy Community Needs Assessment data clearly identifies PFM as a top concern of Navy families. Operational commanders have identified financial issues as having a direct impact on readiness and retention. Management of personal finances presents an increasing challenge to Navy members and their families. For some, the lack of basic consumer skills and training in how to manage finances set the stage for financial difficulty. Other contributing factors that magnify the impact of Navy lifestyle are:

(1) high cost of living in some areas in the United States and overseas,
(2) prevalence of easy credit,
(3) high pressure sales tactics,
(4) clever advertising techniques,
(5) undisciplined buying, and
(6) consumer rip-offs.

b. In many cases, resultant financial problems have had a serious negative impact on Navy members and families, as well as a debilitating effect on operational readiness, morale and retention.

4. <u>Discussion</u>

a. References (a) through (h) mandate specific programs, actions or requirements that are relevant to the PFM program.

b. PFM is a key Quality of Life (QOL) program. As described in references (a) and (b), servicemembers and Navy have a joint responsibility to address personal financial obligations. Members have an obligation to discharge their just financial debts in a timely fashion and meet financial needs of their families. Commanding Officers (COs) have a responsibility to encourage financial responsibility and sound financial planning. Department of the Navy (DoN) promotes sound financial practices, personal integrity, and responsibility among its members.

c. PFM program consists of three major elements:

(1) Financial education and training;
(2) Financial information and referral; and
(3) Financial counseling.

At the local command level, the three elements of the PFM program are under the control of a trained Command Financial Specialist (CFS) and are applied across the career and lifecycle per enclosure (2).

d. Fleet and Family Support Center (FFSC) provides support to all elements of the PFM program by conducting CFS training at sites designated in enclosure (1), and providing qualified Financial Educators (FEs) (or equivalent) to function in all other areas of the PFM program as needed.

5. <u>Applicability and Scope.</u> Provisions of this instruction apply to all active duty and reserve personnel. Regular and reserve commands, permanent detachments, and departments having 25 active duty personnel, shall have a trained CFS to coordinate the program and to assist the CO/OIC in providing financial training, information, and counseling to command members. Assigned CFS must meet criteria established in enclosure (1). Commands shall maintain a ratio of 1 CFS to every 75 active duty members including those assigned temporary duty (TEMDU), temporary duty under instruction (TEMDUINS),

and members from other services. Commands having less than 25 active duty personnel are encouraged to have a trained CFS. All commands and permanent detachments shall conduct annual PFM training per reference (c) and provide counseling.

6. Policy. Navy shall promote operational readiness, personal responsibility, reliability, morale and QOL, by providing knowledge, skills and counseling to its members regarding sound PFM practices. It is Navy policy to provide a continuum of training, as well as information and counseling services.

Components of the PFM program are as follows:

a. Education and Training. Financial education is a continuum starting with recruit training. Fundamental financial management principles and skills will be introduced at officer and enlisted accession points. It shall span the military career encompassing pipeline, command level, and the member's transition training per enclosure (2). The CFS/FFSC FEs can provide education and training. If these two resources are not available, FFSC should be consulted to obtain a list of other authorized resources to be used.

b. Information and Referral. Providing current financial information and appropriate referral resources to military personnel is an integral part of the PFM program. Relevant PFM information will be issued or published regularly, in Navy internal media such as Captain's Call, Navy News, All Hands Magazine, and in command-level venues such as plan of the day (POD) and plan of the week (POW). Purpose is to raise awareness, and keep members advised of the latest concerns and assistance available. Command learning resource center will incorporate state-of-the-art multi-media financial education resources, including CD-ROMs, videos, and access to financial web-sites through the Navy Learning Network (NLN). The CFS will maintain or have access to a library of current financial information and resources including current periodicals to assist servicemembers in successful money management.

c. Counseling. If financial problems or concerns persist after adequate access to education, training, information, and referral resources, the command can provide access to individual financial counseling. A qualified CFS will counsel Navy members experiencing financial difficulties or seeking information on personal financial management concerns. In the absence of a trained CFS or other appropriate command member, the command will refer such members to the FEs within the FFSC. If the FFSC cannot provide the necessary financial counseling service, referrals to other authorized agencies may be made, such as Navy Marine Corps Relief Society (NMCRS), Navy Legal Service Office (NLSO), and non-profit Consumer Credit Counseling Services (CCCS).

7. Action and General Responsibilities. Specific responsibilities and duties in support of the PFM program are delineated in enclosures (3) and (4). All Navy members shall become familiar with the PFM program policies, objectives, and assistance resources, use it in their own pursuit of personal excellence, and shall support their shipmates by sharing this information with those who need it.

8. Command Inspection Program. Command Inspection team will inspect the command's PFM program. Following minimum requirements should be reviewed:

a. CFS identified in writing using enclosure (5).

b. CFS must receive appropriate training per enclosure (3).

c. Appropriate ratio of CFS to crew per this instruction.

d. CFS assigned as a Command Special Assistant.

e. CFS included in Command Indoctrination program.

f. Records maintained in an area to ensure confidentiality.

g. CFS identified in appropriate locations (POD, POW, etc.).

NORBERT R. RYAN, JR.
Deputy Chief of Naval Operations
(Manpower and Personnel)

Distribution:
SNDL Parts 1 and 2

COMMAND FINANCIAL SPECIALIST (CFS)
QUALIFICATIONS, FUNCTIONS AND TRAINING

1. Qualifications of the Command Financial Specialist (CFS). The CFS shall function as the command's principal advisor on policies and matters related to PFM. Following qualifications apply:

a. Minimum paygrade will be E6 and above for enlisted and W2/01 and above for officers.

b. Highly motivated and financially stable. For assistance, COs may refer to FFSC for guidance in CFS screening process.

c. Successfully complete the CFS training course provided by designated FFSCs or MTT using NAVPERS 15608C, CFS Training Manual.

d. Have at least one year remaining in the command at time of CFS course completion.

e. Participate in continuing education including, but not limited to, periodic CFS forums and CFS refresher training at least every three years.

2. Functions of the CFS. At the completion of formal training, the CFS shall be able to perform the following functions:

a. Assist the command to establish, organize and administer the command PFM program including thorough pass down to incoming CFS.

b. Disseminate financial management information within the command through GMT, POD notes, newsletters, E-Mail, etc.

c. Maintain current PFM resource books, directories, references and training materials for use in general military training (GMT), divisional training and counseling. In addition, CFS should maintain close liaison with FFSC FEs where possible.

d. Present PFM training as part of the command GMT program and provide divisional PFM training as required.

e. Provide basic PFM counseling to individual members of the command as requested.

f. Maintain records of training, counseling conducted and counseling referrals, and ensure confidentiality of counseling records under references (d) and (e).

g. Refer members with serious financial problems to the appropriate resource or agency capable of providing necessary assistance/counseling, such as FFSC, NMCRS, Federal credit unions, non-profit CCCS, etc. Ensure individual is seen and counseled. Maintain contact with the individual and the resource/counseling agency to monitor progress.

COMMAND FINANCIAL SPECIALIST (CFS) TRAINING SITES

Formal CFS training will be conducted at the below designated FFSCs: All other FFSCs or remote cites will receive CFS training via MTT.

<u>LOCATION</u>
Anacostia, Washington DC
Bangor, WA
Great Lakes, IL
Groton, CT
Gulfport, MS
Hampton Roads, VA area (Norfolk, VA*)
Jacksonville, FL
Keflavik, Iceland
Kingsville, TX
Naples, Italy
New Orleans, LA
Pearl Harbor, HI
Pensacola, FL
Port Hueneme, CA
Rota, Spain
San Diego, CA
Sigonella, Italy
Yokosuka, Japan

*Designated CFS Course Instructor ("Train the Trainer") training site.

CORE PROGRAM AREAS AND INITIAL/LIFE CYCLE TRAINING CONTINUUM

I. Core Program Areas

1. Military Pay Issues
2. Banking and Financial Services
3. Developing Your Spending Plan
4. Credit Management
5. Car Buying Strategies
6. Introduction to Savings and Investing
7. Consumer Awareness
8. Insurance
9. Legal Issues
10. Housing
11. Financial Planning for Deployment
12. Money and the Move
13. Savings and Investments
14. The Basics of Retirement Planning

Initial/Life-Cycle Training Continuum

Grade	Training	Hours	Curriculum (Using NAVPERSCOM (PERS-6) PFM Standardized Curriculum)
E1-E3	"A" Schools/Gendet	16	Ethical Financial Behavior; Payroll System; Understanding the LES; Developing a Spending Plan; Banking & Financial Services; Credit Buying; Car Buying; Consumer Awareness; Insurance; Official Government Travel; Financial Planning for Deployment; Legal Issues; Resources for PFM assistance; Investments/Savings; Exam Review
E4	Petty Officer Indoc	2-3	Living Ashore, Planning for Deployment, Consumer Awareness, Saving/Investing
E5	PO Second Class LTC	2-3	Investment Planning; Insurance; Revising Spending Plan; Wills
E6	PO First Class LTC	2-3	Real Estate Transactions; Tax & Estate Planning; Financing Family's and Your Education; Wills
E7	Chief PO LTC	2-3	Retirement Planning; Tax and Estate Planning; Wills
E8-E9	Senior Enlisted Academy	2-3	Preparing for Retirement
Officers	OCS, USNA, NROTC	1-2	Various PFM Topics
All	1)GMT	1-2	1) Various PFM Topics
	2)Web Based/Navy Learning Network	1-2 Self-paced	2) Provides stand-alone training, military wide, to augment all PFM training

COMMAND AND STAFF RESPONSIBILITIES

1. Deputy Chief of Naval Operations (Manpower and Personnel) (DCNO (MP)) (N1), as program sponsor, shall establish Navy PFM program policy and liaison with Department of Defense (DOD) and other cognizant agencies.

2. Commander, Navy Personnel Command (COMNAVPERSCOM) through Assistant Commander Navy Personnel Command for Personal Readiness and Community Support (PERS-6) shall implement and coordinate the Navy PFM program and as program manager shall

a. coordinate implementation of PFM program training with Chief of Naval Education and Training (CNET).

b. maintain program effectiveness and currency.

c. integrate the activities of all military and civilian personnel and organizations in support of the program.

d. provide guidance to all activities regarding implementation of program policy and plans.

e. develop and maintain currency of personal financial education and training programs and materials.

f. develop, implement and maintain currency of program publicity/marketing plans.

g. conduct periodic program evaluations and updates to ensure standardization.

h. designate official CFS training sites and approve MTT training in concert with FFSC or installation commanders.

i. periodically review, update and ensure standardization of all PFM instructional material including, PFM Desk Guide, Standardized Curriculum and CFS course presented at designated FFSC training sites or by MTTs.

3. CNET shall designate the PFM program as a topic in the GMT program. CNET shall

a. provide training on PFM program elements using NAVPERSCOM (PERS-6) PFM Standardized Curriculum to all enlisted recruits at Recruit Training Command, students at CNET "A" schools, and during Navy GMT.

b. provide PFM program training using NAVPERSCOM (PERS-6) PFM Standardized Curriculum to all officer candidates, Naval Reserve Officers Training Corps (NROTC) midshipmen, and personnel in other officer entry programs.

c. include the CFS training course in the Navy Integrated Training Resource Administration System (NITRAS) and the Catalog of Navy Training Courses (CANTRAC).

4. Chief of Information (CHINFO) shall in coordination with the program manager, review and provide PFM information for frequent inclusion in Navy internal media.

5. U.S. Naval Academy (USNA) shall provide PFM program training to all Naval Academy Midshipmen using NAVPERSCOM (PERS-6) PFM Standardized Curriculum.

6. Naval Inspector General (NAVINSGEN) is responsible for the Naval Command Inspection program per reference (h). In this capacity the NAVINSGEN shall

a. develop/update standardized immediate superior in command (ISIC) inspection protocol for the PFM program with guidelines provided in paragraph 8 of basic instruction and assistance from NAVPERSCOM (PERS-6).

b. review Echelon 2 PFM program(s) to ensure program implementation and policy compliance.

7. Echelon 2 commands/area coordinators shall

a. monitor timely establishment and ensure continuing effective program implementation. Echelon 2/area coordinators with CFS course training sites/MTTs shall provide CNET a consolidated schedule of course training dates, quota availability and other information required in reference (g) for inclusion in NITRAS and CANTRAC.

b. include PFM in ISIC inspections to ensure program policy compliance following guidelines in paragraph 8 of basic instruction.

c. assess requirements for CFS training sites/MTTs in area of responsibility in concert with NAVPERSCOM (PERS-6) to ensure that the CFS course is provided with sufficient frequency and resources to meet training and policy requirements.

8. Echelon 3 commands/regional coordinators shall

a. monitor timely establishment and continuing effective implementation of the program as it applies to commands under their cognizance.

b. establish priorities for quota control for CFS training courses offered by designated FFSCs/MTTs under their cognizance, coordinate MTT visits with host commands and provide points of contact for commands requesting quotas. Quota preference is to be given to commands which do not have a trained CFS. Quota allocations must address both local and out-of-area commands. Course schedules and locations must be readily accessible to fleet units on demand.

c. ensure, in concert with COs of CFS training site(s)/MTTs under their cognizance, the CFS training course is provided with sufficient frequency and resources to accommodate training requirements.

9. COs of Navy installations having FFSCs shall

a. coordinate the effort of local financial counseling resources (FFSC, NMCRS, Navy Mutual Aid Society, NLSO, etc.) to maximize effectiveness with respect to the PFM program.

b. ensure in concert with Echelon 3 command/regional coordinator, the CFS training course is provided with sufficient frequency and resources to accommodate training requirements if a designated CFS training site. Enclosure (4) provides further guidelines for FFSCs with respect to the PFM program.

10. Unit commanders, COs, and officers in charge (OICs) shall

a. except as exempted in paragraph 5 of the basic instruction, designate in writing, using enclosure (5), a minimum of one responsible command member per 75 active duty military personnel as CFS. Enclosure (1) provides qualifications criteria, functions and training sites for CFSs.

b. allow for required training. Ensure accurate completion of enclosure (5) for all designated CFSs, and notify FFSC of changes in CFS assignment. Provide copies to NAVPERSCOM (PERS-662), servicing FFSC and member's service record.

c. ensure all command inspection items are followed as stated in paragraph 8 of basic instruction.

d. ensure that in all cases where personnel are subject of a bad check report or letter of indebtedness, that a determination be made as to whether or not financial mismanagement by the individual is involved. In all cases of financial mismanagement, individuals should receive mandatory PFM counseling from CFS or FE if necessary.

e. ensure that required PFM program training is conducted.

f. establish and maintain records between command inspection cycles of PFM education, training and counseling conducted.

g. ensure the privacy and confidentiality of all records of PFM counseling done at the command, per references (d) and (e).

h. obtain a review and recommendation from the Financial Education staff at the local FFSC and an opinion from the local representative of the Staff Judge Advocate (SJA) prior to granting authorization for any personal financial management presentation on base offered by a commercial entity. Refer to reference (f).

i. permit command career counselors to attend CFS training on a space available basis.

11. CFS shall

a. normally be assigned as a collateral duty.

b. report directly to the command level (CO/executive officer (XO)) as a special assistant. Enclosure (1) lists basic CFS qualifications, functions and training requirements.

c. ensure CFS training or any other PFM course completed is annotated in members' service record.

d. provide financial education, counseling, training, and information and referral. When appropriate refer to FFSC FE.

FLEET AND FAMILY SUPPORT CENTER (FFSC)/MOBILE TRAINING TEAM (MTT) PERSONAL FINANCIAL MANAGEMENT PROGRAM RESPONSIBILITIES

1. FFSCs shall assist local commands, area CFSs and visiting MTTs by serving as the primary resource in tailoring PFM information, materials and education programs pertaining to the local area. FFSCs will also

a. provide financial education/training, information and referral assistance to military personnel and their family members on personal financial issues. Provide financial counseling to those with financial problems, when referred by a CFS or in the absence of a trained CFS.

b. maintain records, and ensure privacy and confidentiality of all records and information regarding PFM counseling conducted per references (d) and (e) and per accreditation standards.

c. maintain ongoing liaison with financial institutions located on base to encourage military and family member awareness and use of their PFM counseling and information services.

d. ensure one staff member, as a minimum, is trained as an FE at a training site listed in enclosure (1). For all FEs for continued professional development, training will be conducted annually at instructor training sites for FEs to attend once every three years unless waived by NAVPERSCOM (PERS-662). Highly recommend FEs obtain Accredited Financial Counselor (AFC) certification, which includes obtaining required Continuing Education Units (CEUs)

e. serve as local quota manager, training site facility and logistics support coordinator and local subject matter resource consultant/assistant for visiting PFM program MTTs. As host FFSC, report via the quarterly FFSC designated computerized data collection system report to NAVPERSCOM (PERS-662) the number of classes held and total number of CFSs trained by an MTT, and number of clients/reason counseled.

f. If designated as a CFS training site listed in enclosure (1) or as an MTT, responsibilities are to.

(1) ensure MTT requests are made to and approved by NAVPERSCOM (PERS-662).

(2) offer the CFS course of instruction as directed with a minimum of one class per quarter and 25 student quotas per class, using NAVPERS 15608C, CFS Instructor Guide and CFS Training Manual.

(3) maintain records for at least two years of the name, rate, SSN and source command of all trainees who successfully complete the CFS course and provide documentation to the trainees' command for entry into the individuals' service record.

(4) report via the quarterly FFSC designated computerized data collection system report to NAVPERSCOM (PERS-662), number of classes held, total number of CFSs trained, and other data fields required by NAVPERSCOM (PERS-662C).

(5) submit annually by 30 June, to NAVPERSCOM (PERS-662C) via the Echelon 2 commander/area coordinator, a proposed schedule of CFS classes.

(6) as a minimum, provide two individuals (E-6 or above or civilian counterpart), capable and trained as instructors of the CFS course at the instructor training site(s), listed in enclosure (1) and an additional person capable of acting as an alternate instructor.

(7) function with NMCRS as agreed in Memorandum of Agreement between NMCRS/DON of 5 February 2001. At specifically designated FFSC training sites, NMCRS Budget Counselor will assist the FFSC FEs (or equivalent) in the administration and implementation of the CFS training program and in related PFM program functions. They will assist FFSC FEs in the preparation and delivery of the CFS training program. NMCRS Budget Counselors will be supervised by their Auxiliary Executive Directors and will work with locally established Memorandums of Understanding (MOUs). NMCRS Budget Counselors are not permitted to accept additional or collateral responsibilities outside of the PFM program except by separate agreement.

g. ensure only CFS/PFM course materials approved by NAVPERSCOM (PERS-662C) referred to in this instruction are used in all training and counseling activities.

SAMPLE COMMAND FINANCIAL SPECIALIST LETTER OF DESIGNATION
FOR OFFICIAL USE ONLY (When Filled In)

1740
Ser
Date

From: Commanding Officer/Officer in Charge
To: Rate/Rank, Name, SSN

Subj: DESIGNATION AS COMMAND FINANCIAL SPECIALIST (CFS)

Ref: (a) OPNAVINST 1740.5A

1. Per reference (a) you are designated as (Command Nam*e)* CFS. You will familiarize yourself with policies and procedures of reference (a) and other applicable Personal Financial Management program elements in the performance of your duties.

2. In your capacity as CFS, you will report directly to the Commanding Officer/Officer in Charge or their representative. Complete the information requested below and forward as indicated. This designation remains in effect until rescinded in writing.

Signature

Name/Rate/SSN of CFS:

Date of Designation:
Date Completed CFS Course:
Global E-Mail Address:
DSN Phone Number:
Location of Servicing FFSC:

I accept the designation of (Command Name) CFS.

____
Member Signature

Copy to:
NAVPERSCOM (PERS-662C3)
Servicing FFSC
Service Record

FOR OFFICIAL USE ONLY (When Filled In)

Additional Instructions

DoD Instructions and Directives

DoDD 1000.11	Financial Institutions on DoD Installations, 9 June 00
DoDI 1000.10	Procedures Governing Credit Unions on DoD Installations, 26 July 89
DoDI 1000.12	Procedures Governing Banking Offices on DoD Installations, 26 July 89
DoDI 1344.12	Indebtedness Processing Procedures for Military Personnel, 18 November 94
DoDD 5500.7	Standards of Conduct, 30 August 93

SECNAV Instructions

SECNAVINST 1740.3A:	Department of the Navy Consumer Affairs Program, 28 February 83
SECNAVINST 5381.5A:	Banking Institutions on Navy and Marine Corps Installations, 5 June 90
SECNAVINST 7220.38E:	Remission of Indebtedness or Waiver of the Government's Claim Arising from Erroneous Payments Made to or on Behalf of Members of the Naval Service, 6 June 86.

OPNAV Instructions

OPNAVINST 1620.2A:	Armed Forces Disciplinary Control Boards and Off-Installation Liaison and Operations, 30 June 93
OPNAVINST 1740.4A:	U.S. Navy Family Care Policy, 17 December 96

MILPERSMAN Articles

1754-030: Support of Family Members

7220-300: Advance Pay on Permanent Change of Station

Uniform Code of Military Justice (UCMJ)

The UCMJ is a federal law enacted by Congress. The following articles are included in "Punitive Offenses" that can result in a court martial.

Article 123a:	Making, Drawing, or Uttering Check, Draft or Order without Sufficient Funds
Article 134:	General Article: Includes various offenses including debt, gambling, etc.

Basic PFM and Navy Terms & Acronyms

ADP
Automated Data Processing

AFC
Accredited Financial Counselor

AFCPE
Association for Financial Counseling and Planning Education

Airdale
Nickname for service member in the aviation community

All Hands
All staff

Allotment
A fixed amount of money the service member designates to go to a particular place monthly (a person, a savings or checking account, or to pay a regular bill)

BAH
Basic Allowance for Housing

BEQ
Bachelor Enlisted Quarters

BOQ
Bachelor Officer Quarters

Blackshoe
Individual in the surface or submarine community

Blues
Winter uniform (there is a work and dress version)

Bravo Zulu
A job well done

Brownshoe
Individual in the air community

Captain's Mast
Disciplinary actions as directed by the CO

CCC
Command Career Counselor

CCTV
Closed Circuit Television

CEU
Continuing Education Unit – needed by some professions to maintain license or certification

Chit
Letter, note voucher, receipt or form

CMC
Command Master Chief; senior enlisted member on a surface ship or in a squadron

CNO
Chief of Naval Operations

CO
Commanding Officer, individual in charge, captain of the ship

COLA
Cost of Living Allowance – paid to service members stationed in high cost areas

COB
Chief of the Boat (the Senior Chief Petty Officer on a submarine); Close of Business

Compliment
Number of crew and officers designated as necessary to carry out a wartime mission

CONUS
Continental United States

CPO
Chief Petty Officer

DDS
Direct Deposit System; pay deposited directly to financial institution

DFAS
Defense Finance and Accounting Service

Directive
Prescribes or establishes policy, methods, or procedures for military personnel

DK
Disbursing clerk

Five-O
(5.0) Perfect, 100%

FPW
Financial Planning Worksheet

FSG
Family Support Group (also known as spouse group)

GMT
General Military Training. A presentation or training given to service members at their command during the workday

GQ
General Quarters (emergency drill)

Head
Restroom

Indebtedness
In a state of obligation to repay monies owed

INDOC
Indoctrination: orientation in the Navy, also known as “I” division

JAG
Judge Advocate General (Legal Officer)

Key Volunteer
A person who has been officially appointed by USMC sponsor’s CO to represent the command and assist the families of the command

Khaki
Chiefs and officers, or uniform worn by chiefs and officers

Leave
Vacation

LES
Leave and Earnings Statement

LOI
Letter of Indebtedness

1MC
Ship’s loudspeaker or public address system

Master-at-Arms
Command’s police force

MOU
Memorandum of Understanding – an agreement between two entities

Muster
Role call, verifying personnel count

Mess
Dining area

MMPA
Master Military Pay Account, a record of all information needed to pay the service member

MTT
Mobile Training Team; provides CFS training

NLSO
Navy Legal Services Office

NMCRS
Navy Marine Corps Relief Society

Nuke
A service member with a nuclear power specialty

OCONUS
Outside of the continental United States

OIC
Officer in Charge

Ombudsman
A person who has been officially appointed by his/her spouse's CO to represent the command and assist the families of the command

OPS
Operations

PAO
Public Affairs Office/Officer

PCO/PXO
Prospective Commanding Officer/Prospective Executive Officer

PCS
Permanent Change of Station

POC
Point of Contact

POD
Plan of the Day (daily schedule of events prepared and issued by the XO)

POW
Plan of the week

PRP
Personnel Reliability Program

PSD
Personnel Support Detachment

Rank
Navy officer or enlisted status

RAP
Relocation Assistance Program; FFSC program to help with moves

Rate
Career field designation

Rating
Specific job within a career field, such as yeoman or storekeeper

Seal Teams
Navy's special warfare community

Seabee (CB)
Person who is part of the Navy Mobile Construction Battalion

TAD
Temporary Additional Duty

TAMP
Transition Assistance Management Program – FFSC programs and services to assist service members who are separating or retiring

UA
Unauthorized absence

UCMJ
Uniform Code of Military Justice, basic criminal law of the Navy

USMC
United States Marine Corps

VHA
Variable Housing Allowance

VITA
Volunteer Income Tax Assistance – program to help with tax preparation

Wardroom
Officer lounge/mess

Watch
Duty period – traditionally a 24 hour day was divided into seven watch periods

Whites
Summer uniform

XO
Executive Officer; second in command, coordinator of all functions/evolutions in a command

U.S. Navy Rank & Rate Structure

Pay Grade	Rank/Rate	Title
O10	ADM	Admiral (4 stars)
O9	VADM	Vice Admiral (3 stars)
O8	RADM	Rear Admiral (2 stars)
O7	RADM (lower half)	Rear Admiral (1 star)
O6	CAPT	Captain
O5	CDR	Commander
O4	LCDR	Lieutenant Commander
O3	LT	Lieutenant
O2	LTJG	Lieutenant Junior Grade
O1	ENS	Ensign
W4	CWO4	Chief Warrant Officer
W3	CWO3	Chief Warrant Officer
W2	CWO2	Chief Warrant Officer
E9	MCPO or (2 ltrs) CM (i.e., YNCM)	Master Chief Petty Officer
E8	SCPO or (2 ltrs) CS (i.e., YNCS)	Senior Chief Petty Officer
E7	CPO or (2 ltrs) C (i.e., YNC)	Chief Petty Officer
E6	PO1 or (2 ltrs) 1 (i.e., YN1)	First Class Petty Officer
E5	PO2 or (2 ltrs) 2 (i.e., YN2)	Second Class Petty Officer
E4	PO3 or (2 ltrs) 3 (i.e., YN3)	Third Class Petty Officer
E3	SN or FN or AN or HN or CN	Seaman, Fireman, Airman, Hospitalman, Constructionman
E2	SA or FA or AA or HA or CA	Seaman Apprentice, Fireman Apprentice, Airman Apprentice, Hospitalman Apprentice, Constructionman Apprentice
E1	SR	Seaman Recruit

Note: Persons in pay grades E2 and E3 may have other letters in front of their two-letter rate designation which indicates the rating (field of expertise) that they are preparing to enter (or preparing to “strike” for).

Referral: Agency/Organization Information

Agency Name: ______________________________

Address: ______________________________

Phone: ______________________________

Directions: ______________________________

____

____

____

Fee: ______________________________

Items to bring with you: ______________________________

____

____

____

Appointment Date: ______________________________

Appointment Time: ______________________________

INFORMATION ON REFERRAL ORGANIZATIONS

FOR FFSC I&R USE ONLY
Key reference word:

____

(for filing in resource files)

Date: ____________________

Agency Name: ____________________ Phone: ____________________

Address: ____________________ E-mail: ____________________

Director/Administrator: ____________________ POC: ____________________

Specific Programs/Services Offered: ____________________

____

Eligibility Requirements and/or Restrictions: ____________________

Fees: ____________________

Operating Hours: ____________________

Is there a waiting list?: ____________________

How to Make Initial Contact:

- Referral: ____________________
- Phone Call: ____________________
- Appointment: ____________________
- Walk-in: ____________________

Documentation or information needed: (Military I.D., financial records, etc.) ____________________

____

Directions: ____________________

____

Public Transportation Available: ____________________

Branch offices: (List locations. Fill out additional form for each location) ____________________

____

INFORMATION & REFERRAL WORK COUNTS

Reporting Period (mm/yy):

Check One: ❑ Staff ❑ Volunteer

Name:

TYPE OF ASSISTANCE	COUNTS	TOTAL
Abuse		
Benefits		
Casualty Assistance		
Child Care		
Counseling Services		
Deployment		
Disaster / Crisis Response		
Education		
EFM / Special Needs		
Elder Care		
Employment		
Family Advocacy		
Financial		
Food		
Health Care		
Hotline		
Housing		
ID Cards		
Legal		
Non-Support		
Ombudsman		
Other		
Parenting		
Recreation		
Red Cross		
Relocation		
Resource Information		
Retired		
SAVI		
SBP		
Schools		
Social Services		
Sponsor		
Stress Management		
Suicide		
Transition		
VA		
Volunteer		
Welcome Aboard Packets		
WIC / Food Stamps		
Youth Outreach		

CLIENT OR COMMAND CONTACTS		
Telephone Call		
E-mail		
Walk-in		

PROGRAM PLANNING LOGISTICS CHECKLIST

TASK	TARGET DATE	DELEGATED TO:	CHECK WHEN DONE:
Select training dates			
Clear dates with FFSC or sponsoring command			
Locate and reserve meeting space			
Request any equipment needed (e.g., VCR, projector, etc.)			
Select and invite guest speakers / instructors			
Develop registration materials			
Coordinate with FFSC reception to handle registration, if applicable			
Develop marketing materials and marketing plan			
Begin marketing program			
Arrange for childcare for participants, if applicable			
Arrange for coffee and/or refreshments, if applicable			
Begin registration			
Secure all supplies (pencils, markers, namecards, etc.)			
Close registration and get final count			
Do final check with instructor re: preparation, location, directions, and schedule, as applicable			
Arrange for all materials for class			
After training, review evaluations			
Write and send out thank you letters			

Program Request Form

Request for FFSC Presentation

1. Command: ______________________ Command Rep: ______________________

2. Program Name: ______________________ Length: ______________________

3. Date of Program: ______________________ Time: ______________________

4. Point(s) of Contact: ______________________ Tel#: ______________________
   ______________________ E-mail: ______________________
   ______________________ Tel#: ______________________
   ______________________ E-mail: ______________________

5. Number of People Expected: ____________ Number Attended: ______________________

6. Location of Program: ____

7. Date Program Requested: ____

8. Request Taken By: ______________________ Confirmed By: ______________________

9. Program to be Presented By: ____________ Date Confirmed: ______________________

10. Additional Info/Directions/Equipment Needed: ____
    ____
    ____
    ____

Room Request Form

Date of Request: ______________________________

Date / Time of Program: ______________________________

Program Title: ______________________________

Number of People Expected to Attend: ______________________________

Point of Contact (Name / Phone #): ______________________________

Room Requested: ______________________________

Equipment Requirements (Check all that apply):

- ❑ TV / VCR
- ❑ Video Camera
- ❑ Overhead Projector / Screen
- ❑ 35 mm Slide Projector
- ❑ Audio Cassette Player
- ❑ Computer
- ❑ Easel with Pad
- ❑ Podium
- ❑ Microphone / PA System
- ❑ Other

CONFIRMATION:

Date / Time: ______________________________

Room Assigned: ______________________________

Equipment Assigned: ______________________________

Confirmed By: ______________________________

PROGRAM REGISTRATION FORM

Program Title: ______________________________ Date: ______________________________

Location: ______________________________ Time: ______________________________

Special Notes: ______________________________ Class Limit: ______________________________

Rate/ Rank	Name	Status	Command	Command Phone	Home Phone	How Did You Hear?	Date Registered
		AD/DEP/RET					
		AD/DEP/RET					
		AD/DEP/RET					
		AD/DEP/RET					
		AD/DEP/RET					
		AD/DEP/RET					
		AD/DEP/RET					
		AD/DEP/RET					
		AD/DEP/RET					
		AD/DEP/RET					
		AD/DEP/RET					
		AD/DEP/RET					
		AD/DEP/RET					
		AD/DEP/RET					
		AD/DEP/RET					
		AD/DEP/RET					
		AD/DEP/RET					

External Organization Presenter / Speaker Form

Fleet and Family Support Centers
External Organization Presenter/Speaker Acknowledgement

The following acknowledgement pertains to presenters/speakers employed by external organizations other than not-for-profit agencies. Any speaker/presenter who has been invited by the Fleet and Family Support Center (FFSC) to present or speak at an FFSC sponsored program must sign the following acknowledgement. This acknowledgement need only to be signed once by each presenter and will be kept on file by the FFSC staff for a period of two (2) years.

I understand that my role as a presenter/speaker at this Fleet and Family Support Center (FFSC) sponsored program is to present pertinent information related to my subject matter expertise and pertaining to the program or topic.

I further understand that I MAY NOT:

1. Distribute business cards or promotional materials of any kind relating to my business or agency, either before or during the presentation. (May distribute to participants who verbally request it following the presentation). _____ (Initial)

2. Solicit the names, addresses (including e-mail addresses) or phone numbers of any participants; nor attempt to solicit such information from participants about other individuals. _____ (Initial)

3. Verbally solicit clients or business from participants. _____ (Initial)

4. Present information in such a way as to entice or compel participants to follow-up with me in a business relationship. _____ (Initial)

5. Interview class participants at any base location. _____ (Initial)

6. Invite staff or class participants to lunch/dinner. _____ (Initial)

______________________________	______________________________
Outside Presenter/Speaker Name (Please print name)	FFSC Staff Member Name (Please print name)
______________________________	______________________________
Outside Presenter/Speaker Signature (Please sign)	FFSC Staff Member Signature (Please sign)
______________________________	______________________________
Date Signed	Date Signed

SAMPLE SOP FORMAT

FLEET AND FAMILY SUPPORT CENTER SAMPLE SOP FORMAT

I. **TITLE:** Title of the program (reflective of program content)

II. **DATE:** Month and year program was developed. Dates of annual review and/or updates.

III. **BACKGROUND AND PURPOSE:**

Background: Answers the question, "Why is FFSC presenting this program?" Describes how the program addresses an identified problem, fulfills a requirement or is a response to a tasking. This section must include any relevant instructions, quality standards, and/or contract requirements and must document that the program is a non-duplication of services.

Purpose: Describes the broad goal of the program. This section should detail issues to be addressed and why.

IV. **TARGET POPULATION:** Defines the population for whom this program is designed.

V. **PROGRAM OBJECTIVES:** Details the desired learning points and is consistent with the purpose and target population. Lists objectives in sufficient detail so that a Presenters Guide can be developed.

The objectives are outcomes for the participants. They should describe what the participant will be able to do as a result of this program. Structure the objectives by answering the following question: "Upon completion of this program, participants will be able to …" Objectives must be measurable. Use action verbs to describe the objectives.

VI. **COMPUTERIZED DATA COLLECTION SYSTEM ENTRY:** Describes the category in which the program should be entered in the system.

VII. **PROCEDURES:** Contains a general description of the program. Details such as program length, number of sessions, maximum or minimum number of participants, registration requirements, prerequisites, choice and scheduling of location, specialized marketing and/or publicity requirements should be included.

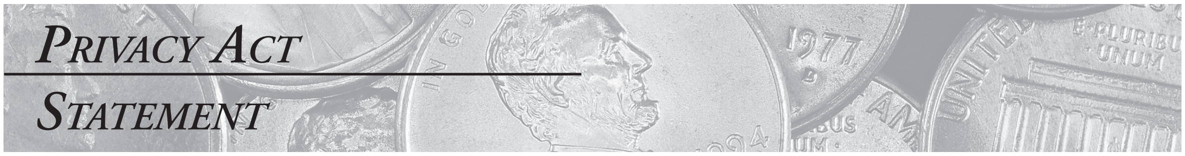
VIII. **QUALITY ASSURANCE:** Describes how FFSC quality assurance measures will be applied to this program; includes the minimum frequency for collecting evaluations.

IX. **REQUIRED MATERIALS:** Lists any materials required to present this program, including handouts, props, and audio-visual materials and equipment.

X. **PRESENTER'S GUIDE:** Details the teaching points. An outline and narrative should be included to achieve the program objectives. Organizes the material in a logical manner and proposes one or more presentation methods that enhance the instruction. Descriptions and directions for group exercises, and discussion questions should be included.

XI. **ATTACHMENTS:** Includes presentation options, sample messages used to announce the program, copies of each required handout, overheads/PowerPoint slides, marketing materials, program-specific evaluations and registration forms, etc.

XII. **REFERENCES:** Lists sources for materials, including bibliography, used in creating the program, and/or suggested reading for staff preparing to present this program.



PRIVACY ACT STATEMENT

1. LEGAL AUTHORITY FOR REQUESTING INFORMATION FROM YOU: U.S. Sect. 301, which allows Secretary of the Navy to make regulations for the Department of the Navy. One of those regulations, SECNAVINST 1754.1A, Department of the Navy Family Service Center Program established the Fleet and Family Support Center Program.

2. PRINCIPAL PURPOSE FOR WHICH YOUR INFORMATION WILL BE USED: The information you provide will help the Fleet and Family Support Center (FFSC) professional staff assist you.

3. ROUTINE USES WHICH MAY BE MADE OF YOUR INFORMATION: In addition to using the information you give us for the "principal purpose" given above, your information may be used for one or more of the "routine uses" listed in the Federal Register notice for this system (including the blanket routine uses that are applicable to all Navy Privacy Act systems of records). This Federal Register notice is available here at the FSC for you to see if you wish.

Four of the more important routine uses are:

   a. disclosure to state and local government authorities in accordance with state and local laws requiring the reporting of suspected child abuse and neglect;

   b. disclosure to the appropriate federal, state, or local agency chartered with enforcing a law, where FSC records indicate that a violation of law may have occurred.

   c. disclosure to certain foreign authorities in connection with international agreements, including status of forces agreements (SOFAs); and

   d. disclosure of the Department of Justices for litigation purposes.

4. OTHER DISCLOSURE OF YOUR INFORMATION: In addition the using the information you give us for the "principal purpose" and the "routine uses" given above, your information may be disclosed in certain other specific circumstances, as permitted by exceptions to the Privacy Act. These could include clearances, personnel reliability programs, law enforcement programs, life-threatening situations, substance abuse programs, and family abuse situations.

5. DISCLOSURE IS VOLUNTARY: You need not disclose any information to us; however, failure to provide this information may hinder or prevent the FFSC staff from being able to assist you.

I have read and understand the above IMPORTANT NOTICE and Privacy Act statement and the routine uses of the information which may be provided by me. My FFSC counselor has explained the contents of the Privacy Act statement to me.

______________________________	______________________________
Date	Signature
______________________________	______________________________
Date	Witness

PRP? Yes______ No ______

PRP PRIVACY ACT STATEMENT

PRIVACY STATEMENT FOR SERVICE MEMBERS GOVERNED BY NUCLEAR WEAPONS RELIABILITY PROGRAM (PRP)
(See NPC 660INST 5510.11D)

The Personnel Reliability Program (PRP) is intended to ensure consistently safe performance of very sensitive duties by selected personnel. Consequently, personnel support facilities like this one are required to report potential threats to PRP participant's abilities.

> *If your helper at the Center believes your reliability is diminished or seriously threatened by your present behavior or conditions, he or she must inform you Certifying Officer, who is usually the Commanding Officer. Our report does not change your status; that decision is made by the Certifying Officer, usually after a careful review.*

Commands are often supportive of their personnel and families seeking appropriate help for their troubles. You may want to discuss your circumstances within your chain of command in order to secure official support for the steps you need to take.

I have read and understand the above statement regarding my privacy and Personnel Reliability Program

____________________	____________________
Date	Client
____________________	____________________
Date	Witness

This section is from our client confidentiality policy which covers PRP:

The conditions for decertification from the Nuclear Weapons Reliability Program can be summarized as alcohol and drug abuse, poor performance of duty, serious legal problems, significant personal difficulties, unacceptable traits (as substantiated by medical authority), and poor attitude or motivation (as contained in the PRP instruction NPC 660INST 5510.11D). Persons in this program are supposed to understand that they have surrendered some privacy in exchange for PRP certification. When it is necessary to question the current reliability of a PRP service member, the situation will be discussed with the program supervisor promptly. If the reliability concern is confirmed by this discussion, the FFSC Director, will be informed. Then the assigned staff member will call the individual's command to describe the relevant aspects of the situation. If the individual was referred by the command, the referring individual will be called, and a form letter (following) will be sent to the Commanding Officer by the FFSC Director. If the individual was not command referred, the Division Officer or Executive Officer will be called, followed by a Commanding Officer form letter. The Officer in Charge of a reserve unit will be called. In all instances, the FFSC Director will be informed by memo.

The letter mentioned above simply states that there appears to be a problem that may reflect negatively on reliability; that we encourage the command to seek further information and consultation; and that we are prepared to assist the service member, family, and command in any way possible.

CLIENT INFORMATION FORM

CASE NUMBER: ______________________________

FINANCIAL COUNSELOR: ____________________ DATE: ____________________________

CLIENT'S NAME: __________________________ SSN: _____________________________

ADDRESS: _______________________________ PHONES (H/W): ______________________

____ SPONSOR: __________________________

COMMAND: ______________________________ RATE/RANK: _________________________

PRESENTING CONCERN: ____________________________________

____

____

SIGNIFICANT ISSUES: ____________________________________

____

____

SERVICES REQUESTED: ___________________________________

____

____

REFERRALS MADE: _______________________________________

____

SCHEDULED APPOINTMENT TIME/DATE: _____________________

BRANCH OF SERVICE

- ❑ Navy
- ❑ Air Force
- ❑ Marines
- ❑ Coast Guard
- ❑ Army
- ❑ Federal Employee
- ❑ Other

MARITAL STATUS

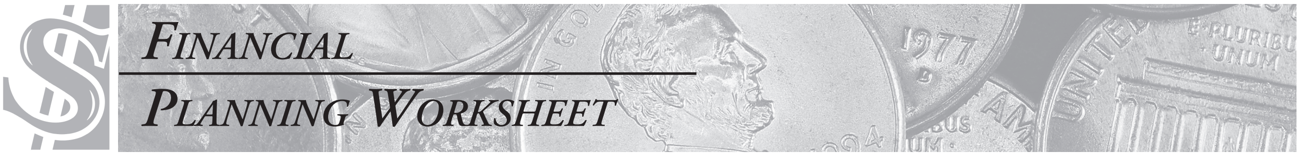
- ❑ Married
- ❑ Single
- ❑ Divorced
- ❑ Separated
- ❑ Widowed
- ❑ Dual Military
- ❑ Single Parent

REFERRAL SOURCE

- ❑ Self
- ❑ Command
- ❑ Other

AREAS OF ASSISTANCE REQUESTED

- ❑ Military Pay & Allowances
- ❑ Direct Deposit System (DDS)
- ❑ Checking Accounts/ Automatic Teller Machines
- ❑ Consumer Fraud/ Rip-Offs
- ❑ Personal & Family Budgeting
- ❑ Savings/Investments
- ❑ Consumer Credit/ Credit Cards/Loans
- ❑ Car Buying Strategies
- ❑ Insurance
- ❑ Letters of Indebtedness
- ❑ Bankruptcy & Garnishment
- ❑ Predeployment Financial Management
- ❑ Compulsive Gambling
- ❑ Overseas Budgeting
- ❑ Relocation
- ❑ Unforeseen Emergency
- ❑ Nonsupport
- ❑ Separation from Military
- ❑ Illness/Death
- ❑ Other ________________________



FINANCIAL PLANNING WORKSHEET

Date ______________________ SSN ______________________ Rate __________

Name ____ Age __________

Pay Grade __________ Yrs. in Svc. __________ Date Reported/PRD (Transfer) __________

Marital Status __________ Spouse's Name ______________________ Age __________

Spouse's Place of Employment ____

Number of Children and Ages ____

Home Address ____

____

Work Telephone ______________________ Home Telephone ______________________

Command & Referred By (Self, CMD, NMCRS, FFSC, Etc.) ______________________

Amount of SGLI Elected ______________________ Amount of FSGLI Elected ______________________

TSP Monthly Contribution ______________________ MGIB Monthly Contribution ______________________

STATEMENT OF NET WORTH

ASSETS

Cash on hand $ __________
Checking accounts $ __________
Savings accounts $ __________
Certificates of Deposit $ __________
Cash value of Life Insurance $ __________
U.S. Savings Bonds $ __________
Mutual Funds/Money Market $ __________
Stocks/Bonds $ __________
College Funds $ __________
401(k)/403(b)/TSP $ __________
Other (IRAs, etc.) $ __________

Real Estate (Market Value) $ __________
Home $ __________
Rental Property $ __________
Other (Vac Home/Trailer/Time Share) $ __________

Personal Property
Vehicles/Motorcycles/Boats $ __________
Furniture $ __________
Jewelry $ __________
Other (Collectibles, etc.) $ __________

LIABILITIES

Signature Loans $ __________
Auto Loans or Leases $ __________
Consolidation Loans $ __________
Student Loans $ __________
NEX/AAFES (Star Card) $ __________
Department Store Credit Cards $ __________
Other Credit Cards $ __________
N&MCRS (Loan)
Other (Friends, Relatives, etc.) $ __________
Advance/Over Payments $ __________

Mortgages-Balances Due
Home $ __________
Rental Property
Other (Vac Home/Trailer/Time Share) $ __________

Counseling Provided By: ______________________

Counselor Phone #: ______________________

Appointment Date: __________ Time: __________

Place: ______________________

TOTAL ASSETS $ __________

TOTAL LIABILITIES $ __________

NET WORTH
(Assets - Liabilities) $ __________

MONTHLY INCOME

	ACTUAL		PROJECTED		REMARKS
ENTITLEMENTS					
* Base Pay					
Basic Allowance for Housing (BAH I or II)					
Overseas Housing Allowance (OHA)					
Basic Allowance for Subsistence (BAS)					
Family Separation Allowance (FSA)					
* Flight Pay/Diving Pay/Flight Deck Pay					
* Submarine Pay					
* Other Hazardous Duty Pay					
* Sea Pay					
Taxable COLA					
Other (tax exempt/allowance eg. COLA/FSSA)					
TOTAL MILITARY COMPENSATION (A)	$		$		
* **Taxable pay ( )**					Excludes pretax ded for TSP/MGIB
DEDUCTIONS:					
ALLOTMENT					For/ends?
ALLOTMENT					For/ends?
ALLOTMENT					For/ends?
ALLOTMENT					For/ends?
ALLOTMENT					For/ends?
Family SGLI (For Spouses)					
Servicemen's Group Life Insurance (SGLI)					
Uniform Services TSP					
MGIB					
FITW Filing Status Actual:					Proj. Status:
FICA (Social Security)					Base Pay Only, Excludes MGIB
FICA (Medicare)					Base Pay Only, Excludes MGIB
State Income Tax					State Claimed:
AFRH (Armed Forces Retirement Home)					
Tricare Dental Plan (TDP)					
Advance Payments					Ends:
Over Payments					Ends:
TOTAL DEDUCTIONS (B)	$		$		
CALCULATE NET INCOME					
Service Member's Take Home Pay **(A–B)**	$		$		Divide by 2 for Payday Amount
Service Member's Other Earnings (less taxes)					
Spouse's Earnings (less taxes)					
ALLOTMENT					
ALLOTMENT					
ALLOTMENT					
ALLOTMENT					
ALLOTMENT					
Family SGLI (For Spouses)					
Servicemen's Group Life Insurance (SGLI)					
Uniform Services TSP					
MGIB					
Tricare Dental Plan (TDP)					
Advance Payments					
Over Payments					
Child Support/Alimony (Received/Income)					
Other Income (e.g. SSI, Rental Income)					
TOTAL NET MONTHLY INCOME	$		$		

Note: *Pay Entitlements are taxable. Allowance Entitlements are non-taxable.*

MONTHLY SAVINGS AND LIVING EXPENSES

Note: Actual or Projected Figures can be carried forward to spending plan.

SAVINGS		ACTUAL		PROJECTED		REMARKS
SAVINGS	Emergency Fund (1-3 months)					Monthly Contribution Amount
Goal: 10% of Net Income	Reserve Fund					Monthly Contribution Amount
Actual Projected	"Goal Getter" Fund					Monthly Contribution Amount
$ $	Investments/IRAs/TSP/etc.					Monthly Contribution Amount
TOTAL SAVINGS AND INVESTMENTS (10%)		$		$		
LIVING EXPENSES		**ACTUAL**		**PROJECTED**		
HOUSING	Rent/Mortgage Payment					
	Taxes/Fees					
	Repairs/Maintenance					
FOOD	Groceries					
	Lunches (at work)					
	Other (e.g. school lunches)					
UTILITIES	Electricity					
	Gas/Oil (House)					
	Water/Sewage/Garbage					
	Cellular Phones/Pagers					
	Telephone					Local = $ Long Distance = $
TRANSPORTATION	Gas/Oil (Vehicles)					
	Car Pool/Public Transportation					
	Tax, License, Inspection, etc.					
	Repairs/Maintenance					Consider age of car/#of miles.
CLOTHES	Laundry/Dry Cleaning/Tailoring					
	Clothing Purchased Yearly/12					
	Other					
INSURANCE	Autos					
	SGLI and Family SGLI					Both service member/Family SGLI
	Tricare Dental Plan					
	Other (e.g. Life/Health/Renters)					Add extra insurance costs here.
HEALTH	Prescription Drugs					
	Doctor/Hospital Visits					
	Dentist Visits					
EDUCATION	Tuition/Fees					
	Books					
	Lessons					
	Other (MGIB, Room & Board)					Dance, Music, Self-Def, Tutor, etc.
CONTRIBUTIONS	Club Dues/Association Fees					Place Mont. GI Bill (MGIB) here.
	Religious					
	Charities					Place CFC & NMCRS Cont. here.
SUBSCRIPTIONS	Newspapers/Magazines					
	Computer Internet Services					
	Books/CDs/Records/Tapes/Videos					
	Cable/Satellite TV					
	Other (e.g. Pest Control, Lawn Srvc)					
PERSONAL	Beauty Shop/Nails					
	Barber Shop					
	Cigarettes/Other Tobacco					
	Vending Machines					
	Liquor/Beer/Wine					ABC, Package Store, etc.
	Other (Toiletries, Supplements, etc.)					
ENTERTAINMENT	Dinner/Carry Out					
	Movies/Video Rentals					
	Hobbies/Software/etc.					
	Sports/Youth Leagues/Scouts					Include Spectator Sports
	Gifts/Vacation					Include B-days, Holidays, Annv.
	Other (Clubs, Lottery, etc.)					
DEPENDENT CARE	Child Care					Include Other Dependent Care
	Child Support/Alimony (You Pay Out)					
	Allowances					
MISCELLANEOUS	Furniture, Appliances, Household					
	Pet Supplies, Grooming, Vet					
	Other (ATM fees, Ph Card, Stamps)					Recommend $50-$150 Buffer
TOTAL MONTHLY LIVING EXPENSES (70%)		$		$		

INDEBTEDNESS 20%

CREDITOR	PURPOSE	MONTHLY PAYMENT	BALANCE	PROJECTED PAYMENT	REMARKS (Mos Behind, Pd by Allotment, etc.)	APR %
1. US Govt.	Advance Pay				Automatic Deduction	
2. US Govt.	Over Payments				Automatic Deduction	
3.						
4.						
5.						
6.						
7.						
8.						
8.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
	TOTAL					

SUMMARY

	ACTUAL	PROJECTED
NET INCOME (Bottom of Page 2)		
SAVINGS & INVESTMENTS (Page 3) -		
LIVING EXPENSES (Page 3) -		
AMOUNT LEFT TO PAY DEBTS =		
TOTAL MONTHLY DEBT PMTS (Page 4) -		
SURPLUS OR DEFICIT =		

DEBT TO INCOME RATIO		

(Total Monthly Debt Payments/Net Income x 100 = Debt-to-Income Ratio)

ACTION PLAN

PROPOSED OPTIONS

INCREASE INCOME

1.
2.
3.
4.
5.
6.

DECREASE LIVING EXPENSES

1.
2.
3.
4.
5.
6.

DECREASE INDEBTEDNESS

1.
2.
3.
4.
5.
6.

REFERRALS/RECOMMENDED TRAINING

1.
2.
3.
4.
5.

SETTING YOUR GOALS (Short & Long Term)

GOAL	COST	/ DATE WANTED	= MONTHLY SAVINGS TO REACH GOAL
1.			
2.			
3.			
4.			
5.			
6.			

MONTHLY SPENDING PLAN

TOTAL TAKE HOME PAY		MONTH				MONTH				MONTH			
BY PAYDAY		1st		15th		1st		15th		1st		15th	

Note: Subtract all savings or living expenses deducted from pay (e.g. TSP) or paid by allotment.

P = Planned Expenses
A = Actual Expenses

	Budgeted Amount	P	A	P	A	P	A	P	A	P	A	P	A
Savings & Investments													
Housing													
Food													
Utilities													
Transportation													
Clothes													
Insurance													
Health													
Education													
Contributions													
Subscriptions													
Personal													
Entertainment													
Dependent Care													
Miscellaneous													
Creditors:	Do not include creditors paid by allotment												
TOTALS	**$**												

MONTHLY SPENDING RECORD

Keep track of your daily expenses for two weeks

Keep a record of how you spend your money for the next two weeks. The secret is to record it when you spend it. Using a “stickie” note in your wallet or purse will help you track your expenditures. When you go for your money make a note on your “stickie”; (put the amount and what you spent your money on). At the end of the day, transfer the recorded amounts to this record. Be sure to include bills paid, along with sodas, lunches, etc.

Remember this is for tracking your take home pay, don’t include allotments.

TAKE HOME PAY FOR TWO WEEKS ____________________ Dates ________________

DATE:		DATE:		DATE:		DATE:	
Item	Amount	Item	Amount	Item	Amount	Item	Amount
DATE:		DATE:		DATE:		DATE:	
Item	Amount	Item	Amount	Item	Amount	Item	Amount
DATE:		DATE:		DATE:		DATE:	
Item	Amount	Item	Amount	Item	Amount	Item	Amount
DATE:		DATE:		DATE:		Take Home Pay	$ ______
Item	Amount	Item	Amount	Item	Amount	Amount Spent	-$ ______
						Balance	=$ ______ (+ or -)

Keep a daily record like you did for the first two weeks. Remember to count ALL spending.

TAKE HOME PAY FOR TWO WEEKS ____________________ **Dates** ________________

DATE:		DATE:		DATE:		DATE:	
Item	Amount	Item	Amount	Item	Amount	Item	Amount
DATE:		DATE:		DATE:		DATE:	
Item	Amount	Item	Amount	Item	Amount	Item	Amount
DATE:		DATE:		DATE:		DATE:	
Item	Amount	Item	Amount	Item	Amount	Item	Amount
DATE:		DATE:		DATE:		Take Home Pay $ ______ Amount Spent -$ ______ Balance =$ ______ (+ or -)	
Item	Amount	Item	Amount	Item	Amount		

Financial Counseling Case Notes

Client Name: ______________________________

Case Number: ______________________________

Date: ______________________________

Time: ______________________________

Notes: ______________________________

____

____

____

____

____

____

____

____

____

____

____

Counselor Signature

Authorization to Release Information

SAMPLE RELEASE OF INFORMATION AUTHORIZATION FORM

Authority to request the following information is derived from 5 U.S.C. 5031, and SECNAVINST 1754.1A. The form will be used by the officials of the Fleet and Family Support Center (FFSC) to assist applicants. This information may be released under one or more "routine uses" listed in the Federal Register notice for this system, including the blanket routine uses applicable to all Navy Privacy Act systems of records. Completion of this form is voluntary. Failure to provide this information, however, may hinder or prevent FFSC staff from being able to assist you.

I (We) hereby authorize (agency or individual) ____

____

____

To release and request information regarding ____

____

____

____

To and from ____

____

For the purpose of ____

____

____

This permission shall remain valid for one year from date of signature.

Date ______________________________ Client ______________________________

Date ______________________________ Witness ______________________________

RECORD OF DISCLOSURE FORM

RECORD OF DISCLOSURE – PRIVACY ACT OF 1974
OPNAV 5211/9 (Rev. 8-81)
S/N 0107-LF-052-1147

The attached record contains personal information concerning an individual.Its use and disclosure is governed by SECNAVINST 5211.5

UNAUTHORIZED DISCLOSURE OF PERSONAL INFORMATION FROM THIS RECORD COULD SUBJECT THE USER TO CRIMINAL PENALTIES

1. This sheet is to remain a permanent part of the record listed below.
2. An entry must be made each time the record or any information from the record is viewed by, or furnished to any person or agency, other than the subject of the record, except:
   a. Disclosures to DoD or DoN personnel having a need to know in the performance of official duties.
   b. Disclosures of items listed in paragraphs 14b (2) (e) and (f) SECNAVINST 5211.5 series.

TITLE & DESCRIPTION OF RECORD

DATE OF DISCLOSURE	METHOD OF DISCLOSURE	PURPOSE OR AUTHORITY	NAME & ADDRESS OF PERSON OR AGENCY TO WHOM DISCLOSED, WITH SIGNATURE IF MADE IN PERSON

Financial Counseling Checklist

Your next meeting is ________________ (day/date)

at ______________________________ hrs,

at ______________________________ (location)

Please bring the following items to assist in our meeting:

ITEM	REMARKS
____ Most Recent LES	______________________
____ Bills (past/anticipated)	______________________
____ Correspondence from creditors	______________________
____ Contracts	______________________
____ Your Budget OR	______________________
____ Completed Financial Planning Worksheet	______________________
____ Checkbook and Register	______________________
____ Letters of Indebtedness	______________________
____ Most Recent Credit Report	______________________
____ Other	______________________
	______________________

Financial Counselor: ____

Telephone: ____

FINANCIAL COUNSELING PLANNING SHEET

1. **Prepare for the Session**
   Case background research

2. **Build the Relationship**
   Smile and warm greeting
   Compliment
   Privacy Act Statement
   Normalize feelings

3. **Gather Data**
   What is the presenting problem? ______________________________
   Expectations ______________________________
   Cost Question ______________________________
   What steps has client taken? ______________________________
   Financial Planning Worksheet (pp. 1-4, actual)

4. **Prioritize Concerns**
   Immediate/critical: ______________________________
   Pressing: ______________________________
   Long-term: ______________________________
   Referrals: ______________________________
   (Miracle Question) ______________________________
   (Exceptions) ______________________________

5. **Explore Options**
   FPW pg. 5—Action Plan
   Increase income: ______________________________
   Decrease living expenses: ______________________________
   Decrease indebtedness: ______________________________

6. **Construct Solutions**
   FPW pg. 5—Action Plan
   Projected column
   New “bottom line”
   Compliment the client

7. **Implement Plan**
   FPW Pg. 6—complete the Monthly Spending Plan
   Tracking expenditures—Monthly Spending Record
   Bring Closure to Session
   Visual Implementing Options
   Can-do mind set

8. **Monitor and Follow-up**
   Day and time

Your Financial Counseling Book

Compiling a financial counseling notebook with just the essential forms and reference materials you will need for most counseling sessions will help you be better prepared and organized for the interview.

Privacy Act Statement

Financial Planning Worksheets

Debt-to-Income Ratio Sheet

Pay Tables

Tax Tables

IRS Form W-4

State Income Tax Tables

Sample letter to a Creditor

MILPERSMAN ARTICLE 7000, Indebtedness and Financial Responsibility of Members

Guide for Writing a Case Narrative

Financial Referral Resources

Guide to Writing a Case Narrative

1. If counselee was referred to the Command Financial Specialist Program, who made the referral (Name of person, organization, etc.)?

2. Who attended the counseling session (Service member, spouse or both)?

3. What are the main concerns of the counselee regarding his/her financial situation (having problems between paydays, establishing a spending plan, delinquent accounts, letters of indebtedness to the command, etc.)?

4. What circumstances in the past have contributed to the present financial situation (transfer, emergency, loss of income, etc.)?

5. Does the counselee have any emergency needs (food, eviction, loss of electricity, summons to appear in court for judgment, etc.)?

6. What is the “bottom line” after working up the monthly budget (surplus or deficit)?

7. Was a “break down” by paydays and projected budget prepared?

8. What advice or assistance was given to counselee (how to economize on living expenses, how to establish a budget and record-keeping system, how to contact creditors and make repayment arrangements, etc.)?

9. What referrals were made?

10. Were other people or agencies contacted in regard to counselee’s case (name, agency, address, phone number, information shared, agreements made, etc.)?

11. What tasks were assigned to counselee (keep record of all spending, contact creditors to establish a repayment plan, etc.)?

12. Was a follow-up session scheduled (date and time)?

13. What was discussed and accomplished at follow-up session (what has happened since last session, what tasks were accomplished and assigned, what still needs to be addressed, etc.)?

14. When is case closed (date and status of counselee)?

SAMPLE SOP FOR FINANCIAL COUNSELING

FLEET AND FAMILY SUPPORT CENTERS
STANDARD OPERATING PROCEDURES

I. **TITLE:** Financial Counseling Functions

II. **DATE:** *Insert date written/revised*

III. **BACKGROUND AND PURPOSE:**

Background: Service members face a variety of financial problems that directly impact mission readiness, retention, and ability to function safely in their specialty areas. FFSC Financial Education provides counseling, education, information and referral, and training in compliance with OPNAVINST 1740.5A, Personal Financial Management Education, Training and Counseling Program.

Purpose: The primary purpose of FFSC financial educators is to provide financial support to service members and their families, who by direct request, or when referred by a trained CFS or in the absence of a CFS, request financial counseling or assistance. Financial educators train personnel nominated by commands to serve as their Command Financial Specialist (CFS). Financial education assists members of the military community in financial crisis and offers appropriate referrals. This SOP addresses FFSC Quality Accreditation Standards #59010 and #59040. This SOP describes a unique FFSC function that is not duplicated in the civilian community.

IV. **TARGET POPULATION:** All active duty, their dependent family members, retired service members and their family members, and reservists called on active duty are eligible for financial counseling services.

V. **PROGRAM OBJECTIVES:**

- To provide financial counseling services consisting of Information and Referral, and Solution Focused Financial Counseling via the telephone and on an appointment and/or walk-in basis.
- To keep accurate records in accordance with FFSC procedures.

VI. **COMPUTERIZED DATA COLLECTION SYSTEM ENTRY:** Category and subcategory are not applicable. For information and referral work counts, use the I&R Tally Worksheet. For entering Non-Clinical Counseling information, use site-specific forms.

VII: **PROCEDURES:** Financial counseling procedures may be separated into: telephone contacts, walk-ins, counseling, and record keeping.

- Telephone contacts: FE may counsel individuals over the telephone by using techniques contained in the Solution Focused Financial Counseling manual, or they may schedule clients for an appointment. If telephone counseling calls last 15 minutes or more and addresses specific financial concerns, FE will normally consider this to be a counseling session and will complete the appropriate documentation. If less than 15 minutes, the phone call is entered as I&R and will be recorded on the I&R Work Count Sheet.
- Walk-ins: FE will record walk-in clients on Information and Referral Work Count Sheet for consultations lasting less than 15 minutes. Sessions lasting more than 15 minutes and addressing client financial concerns will normally be considered counseling sessions. FE will meet and escort walk-in clients to a private office in accordance with established procedures. The FE may make appropriate referrals, take program sign-ups and program requests, assign counseling appointment, or time permitting conduct a financial counseling session on a walk-in basis.
- Counseling: Financial counseling will be provided using FE staff. Appointments will be scheduled and recorded in the Financial Counseling Appointment Book. Counseling is guided by the Solution Focused Financial Counseling manual combined with various tools and worksheets available. The Financial Planning Worksheet and financial software is available at all sites.
- Record Keeping: FE will record counseling sessions. Forms to be completed include but are not limited to: Client Information Form, Privacy Act Statement, Financial Planning Worksheet, and Client Notes.

VIII. **QUALITY ASSURANCE:** FE will normally be supervised by a designated FFSC staff member. Supervisors document supervision. Forms are also available for self-evaluation and for participants to provide feedback on services. This SOP will be updated annually.

IX. **REQUIRED MATERIALS:**

- Financial Planning Worksheet and/or financial software
- Site-specific forms and materials

X. **PROGRAM CONTENT:** Not Applicable.

XI. **ATTACHMENTS:**

- Financial Planning Worksheet

XII: **REFERENCES:**

- OPNAVINST 1754.1A, Family Service Center Program
- OPNAVINST 1740.5A, Personal Financial Management Education, Training, and Counseling Program
- MILPERSMAN 7000-020, Indebtedness and Financial Responsibility of Members
- SECNAVINST 5211.5 Department of the Navy Privacy Act (PA) Program
- Solution Focused Financial Counseling by Fred Waddell
- Financial Counseling: A Strategic Approach by Chuck Pulvino
- Personal Financial Management (PFM) Program Desk Guide (Pers-622)

CFS COURSE PLANNING CHECKLIST

ANNUALLY

___ Determine Dates of Training

8 WEEKS PRIOR TO COURSE: (Date: ______________)

___ Co-trainer conference
(choose teaching segments, establish lead trainer, determine responsibility for course preparation)

___ Begin Advertising Course Availability to Target Population

- ___ Message
- ___ Base e-mails
- ___ Base Newspapers
- ___ Leadership Meeting and Trainings
- ___ Command Representative Program
- ___ Base Marquee
- ___ POD/POW Notes

___ Establish Room Availability, Reserve Room

- ___ Location ________________________
- ___ Available day before for set up?

___ Begin Registration

- ___ Keep log of quotas
- ___ Provide students with pre-course info: They need to bring their most current LES, a calculator, a 3-ring binder, and no-cost TAD orders if needed)

___ Student Manuals: check supply, order more if necessary

6 WEEKS PRIOR TO COURSE: (Date: ______________)

___ Coordinate Guest Speakers

___ Pay and Allowances (Day ______, Time _______)
Name: __________________________ Phone: _______________
___ Confirmed (Date: __________)

___ Legal (Day ______, Time _______)
Name: __________________________ Phone: _______________
___ Confirmed (Date: __________)

___ NMCRS (Day ______, Time _______)
Name: __________________________ Phone: _______________
___ Confirmed (Date: __________)

___ FFSC (Day ______, Time _______)
Name: __________________________ Phone: _______________
___ Confirmed (Date: __________)

___ EFM/Tricare/Housing (choose one) (Day ______, Time _______)
Name: ___________________________ Phone: _______________
___ Confirmed (Date: ___________)

___ **Credit Reporting Agency (Day ______, Time _______)
Name: ___________________________ Phone: _______________
___ Confirmed (Date: ___________)

___ Debt Management Program (Day ______, Time _______)
Name: ___________________________ Phone: _______________
___ Confirmed (Date: ___________)

___ NEX/Collections (Day ______, Time _______)
Name: ___________________________ Phone: _______________
___ Confirmed (Date: ___________)

___ CFS Panel—need three experienced CFS's (Day ______, Time _______)
Name: ___________________________ Phone: _______________
___ Confirmed (Date: ___________)
Name: ___________________________ Phone: _______________
___ Confirmed (Date: ___________)
Name: ___________________________ Phone: _______________
___ Confirmed (Date: ___________)

___ Speaker to welcome class on Day One—
CO/XO/CMC/COS/Director (Day ______, Time _______)
Name: ___________________________ Phone: _______________
___ Confirmed (Date: ___________)

___ Speaker to hand out certificates (Day ______, Time _______)
Name: ___________________________ Phone: _______________
___ Confirmed (Date: ___________)

___ Provide Guest Speakers with Chapter IG or Discuss Module Content

4 WEEKS PRIOR TO COURSE: (Date: ______________)

___ Establish Availability of Computer Lab for Wed and Thurs Group Case Studies

___ Establish Availability of Course Certificates of Completion

___ Gather Student Materials/Handouts

1 WEEK PRIOR TO COURSE: (Date: ______________)

___ Finalize Agenda and Confirm Guest Speakers

___ Check Availability of Necessary Classroom Training Equipment

___ TV/VCR
___ Overhead Projector
___ PowerPoint/Excel Projection Capability
___ Computer/Laptop—CD-ROM capability??
___ Classroom Internet Hookup?
___ Newsprint and Easel
___ Whiteboard

1 DAY PRIOR TO COURSE: (Date: _____________)

___ Set Room Up (tables, chairs, trashcans, etc.)

___ Stock Classroom with Other Training Supplies

- ___ Markers (multi-colored)
- ___ Pens and Pencils
- ___ Stapler and staple remover
- ___ 3-hole punch
- ___ Extra calculators
- ___ Pencil Sharpener

___ Be Prepared to Provide Information to Class on the Following:

- ___ Coffee Mess
- ___ Smoking Areas
- ___ Restrooms
- ___ Materials in Room overnight
- ___ Parking
- ___ Noise in the Halls
- ___ Other information about facilities participants should know

___ Put all student materials (Manuals/handouts) in Training Room

___ Copy final agenda

___ Ensure all training materials are in classroom

- ___ CFS Instructor Guide
- ___ CFS CD-ROM
- ___ PFMSC CD-ROM
- ___ Dough Role Play Materials
- ___ The Money Tree Video
- ___ Additional resources and research as needed
- ___ Other materials per individual IG direction

WEEK OF COURSE

___ Gather Student Data Cards
___ Generate class roster for distribution to class on Friday
___ Generate Certificates of Completion
___ Get Certificates Signed

FINAL DAY OF COURSE

___ Clean classroom
___ Put all materials away for next training course
___ Gather Course Evaluations

WEEK AFTER COURSE

___ Thank you notes to guest speakers
___ Enter information into NITRAS system as required
___ Review daily (if used) and course evaluations for training effectiveness and course improvement

CFS

COURSE AGENDA

Monday: Introduction to Personal Financial Management

0730-0820	Welcome and Introduction
0830-0930	The Need for Personal Financial Management (PFM)
0940-1100	Intro to Personal Financial Management and the Financial Planning Worksheet
1100-1200	Lunch
1200-1250	Navy Pay Issues *Guest Speaker*
1300-1400	Pay & Allowances Case Studies
1410-1445	Introduction to Financial Counseling
1455-1545	Reducing Living Expenses Class Exercise
1545-1600	Practical Application and Daily Wrap-up

Tuesday “Referral Resources”

0730-0800	Practical Application Review
0805-0920	Consumer Awareness
0930-1100	Legal Issues of PFM *Guest Speaker*
1100-1200	Lunch
1200-1230	Navy/Marine Corps Relief Society *Guest Speaker*
1230-1250	What FFSC Can Do For You *Guest Speaker*
1300-1330	EFM/TRICARE/HOUSING *Guest Speaker*
1330-1350	Financial Planning Worksheet —The Indebtedness Page and The Spending Plan, Actual and Projected
1400-1500	Intro to Group Case Studies
1510-1545	Resource Training
1545-1600	Practical Application and Daily Wrap-up

Wednesday “Credit”

0730-0850	Practical Application Review, Recordkeeping Systems and FPW Computer Demo
0900-1000	Group Case Studies Computer Lab
1000-1100	Credit Management
1100-1200	Lunch
1200-1300	Credit Management Cont.
1310-1330	Collections—NEX/Commissary *Guest Speaker*
1330-1400	Debt Management Programs *Guest Speaker*
1410-1440	Processing LOIs and Garnishment
1450-1555	The Insurance Decision
1555-1600	Daily Wrap-up

Thursday “Counseling Seminar” “Wealth-Building Seminar”

0730-0950	Counseling Seminar
1000-1100	Wealth-Building Seminar
1100-1200	Lunch
1200-1430	Wealth-Building Seminar Cont.
1445-1545	Group Case Studies
1545-1600	Daily Wrap-up

Friday “Program Development”

0730-0900	Group Case Study Presentations
0910-1030	Car Buying Strategies
1040-1140	Developing Your Program *Guest Speakers*
1140-1200	Course Evaluation
1200	Presentation of Certificates

Conclusion of Training

Notes:

1. Students should read the Chapters indicated prior to class.
2. Written Practical Applications are due first thing each morning.
3. Fully complete Financial Planning Worksheets are due first thing Wednesday morning.

Information & Referral
Client Evaluation

In an effort to best meet your needs, we would appreciate your input. Please take a moment to answer the following questions.

Date ____________________________

1. Briefly describe the kind of information you needed or the question you asked.

   ____

   ____

2. Were your treated promptly and courteously? ❑ Yes ❑ No

3. Were you able to get an immediate answer? ❑ Yes ❑ No

4. If you answered “No” above, did the staff person follow up promptly with the information? ❑ Yes ❑ No

5. Were questions answered to your satisfaction? ❑ Yes ❑ No

6. Were you given a referral to another military or community resource? ❑ Yes ❑ No

7. Did you understand the information you were given? (For example. Did you know what you were to do next?) ❑ Yes ❑ No

8. Was the information helpful? ❑ Yes ❑ No

9. How would you rate the service provided?

   ❑ Excellent ❑ Good ❑ Fair ❑ Poor

   Comments: ____

   ____

Please check the box that applies:

❑ Active Duty Married ❑ Family Member ❑ Active Duty Single

❑ Ombudsman ❑ Other ____________________

PRESENTER SELF EVALUATION

Program ______________________________ Date _________________________________

Program Location ______________________ Presenter _____________________________

Approximate Attendance _______________ Sponsor ______________________________

1. How did you prepare to do this program and approximately how much time did you spend in preparation?

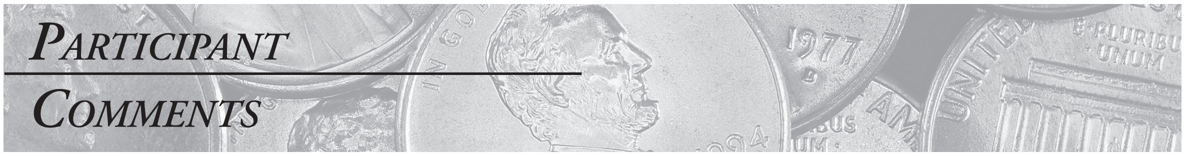
2. What parts of the program went especially well?

3. Did you do anything new or different? ____ Yes ____ No
   (If yes, provide a brief explanation and indicate audience response.)

4. What parts of the program did not go well?

5. Based on this presentation and a review of Participant Comments, what changes would you recommend?

6. What additional training would make you more effective in presenting this program?



PARTICIPANT COMMENTS

Please take a moment to answer the following questions. We appreciate your input.

Presenter ____________________________ Date ________________________________

Program Title ____

Please rate the following:	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Program objectives were stated.	❑	❑	❑	❑
2. Program objectives were met. If you disagree, please explain: ______________________	❑	❑	❑	❑
3. Audio/visuals, handouts, or support materials were useful. If you disagree, please explain: ______________________	❑	❑	❑	❑
4. The trainer demonstrated knowledge of the subject matter.	❑	❑	❑	❑
5. The trainer allowed sufficient time for questions.	❑	❑	❑	❑
6. As a participant, my level of interest in this topic was:	Low	Moderate	High	

7. I would have liked to spend more time on ____

8. Less time could have been spent on ____

9. Additional comments: ____

How did you hear about this program? Check all that apply.

- ❑ Another command
- ❑ Base Marquee
- ❑ Base Newspaper
- ❑ Bulletin Board Sign
- ❑ CFS
- ❑ Currents
- ❑ Flyer in Rack/Poster
- ❑ Friend
- ❑ FFSC Newsletter
- ❑ FFSC Program/Service/Rep
- ❑ Local Newspaper
- ❑ Message
- ❑ Ombudsman
- ❑ Other____________
- ❑ Plan of the Day/Week
- ❑ Program is a GMT
- ❑ Referred by Command
- ❑ RTCL Guide
- ❑ TV/Radio Coverage

Tell us about yourself (or your sponsor).

- ❑ Active Duty
- ❑ Retiree
- ❑ Family Member

- ❑ Male
- ❑ Female

- ❑ E-1 to E-6
- ❑ E-7 to E-9
- ❑ O-1 to O-3
- ❑ O-4 or above

Time in Service

- ❑ Less than one year
- ❑ 1-5 years
- ❑ 6-10 years
- ❑ 11 years or more

For Office Use

Program Evaluation
Participant Comments

In an effort to make this program responsive to your needs, we would appreciate your input. Please take a moment to answer the following questions.

Date of Program ____________________ Presenter _________________________

Title ____

1. Did the presenter adequately explain the goals and objectives of the program? How would you rate the instructor's knowledge of the content area?

2. Were your expectations for the program met? If not, what was missing?

3. What have you learned as a result of this program? What insights have you gained?

4. What part of the program needs improvement?

5. Would you recommend this program to others? Why or why not?

6. Please rate the facility.

7. Additonal comments?

8. What other programs interest you?

9. How did you hear about this program? Check all that apply.

❑ Another command
❑ Base Marquee
❑ Base Newspaper
❑ Bulletin Board Sign
❑ CFS
❑ Currents
❑ Flyer in Rack/Poster
❑ Friend
❑ FFSC Newsletter
❑ FFSC Program/Service/Rep
❑ Local Newspaper
❑ Message
❑ Ombudsman
❑ Other___________
❑ Plan of the Day/Week
❑ Program is a GMT
❑ Referred by Command
❑ RTCL Guide
❑ TV/Radio Coverage

10. Tell us about yourself (or your sponsor).

❑ Active Duty
❑ Retiree
❑ Family Member

❑ Male
❑ Female

❑ E-1 to E-6
❑ E-7 to E-9
❑ O-1 to O-3
❑ O-4 or above

Time in Service
❑ Less than one year
❑ 1-5 years
❑ 6-10 years
❑ 11 years or more

For Office Use

Point of Contact Evaluation

Program Title ______________________ Presenter ___________ Date __________

Command __________________________ Contact Person ________________________

(Please include rate/rank, gender & time in service)

Please rate the following:	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Program objectives were clearly stated.	❏	❏	❏	❏
2. Program objectives were met.	❏	❏	❏	❏
3. Information was presented in a clear manner.	❏	❏	❏	❏
4. Audio/visuals, handouts, or support materials were useful.	❏	❏	❏	❏
5. The presenter allowed sufficient time for questions.	❏	❏	❏	❏
6. The presenter demonstrated knowledge of the subject matter.	❏	❏	❏	❏
7. Time allotted for the program was adequate.	❏	❏	❏	❏
8. I would recommend this program to others.	❏	❏	❏	❏

What did you find most helpful?

What changes would you suggest to improve this program?

Please provide any additional comments you may have.

PRESENTER OBSERVATION CHECKLIST (FFSC)

Program Observed ____________________ Date ____________________

Presenter ____________________ Observer ____________________

Location ____________________ Approximate Attendance ____________________

1. Presenter:	Agree	Disagree	N/A
Introduced the session in an interesting way.	❑	❑	❑
Explained the learning objectives.	❑	❑	❑
Previewed what was about to occur.	❑	❑	❑
Presented information in a clear manner.	❑	❑	❑
Allowed for practice of new skills.	❑	❑	❑
Asked meaningful, clear questions.	❑	❑	❑
Provided clear, responsive answers to questions.	❑	❑	❑
Used humor effectively.	❑	❑	❑
Kept participants active and involved.	❑	❑	❑
Organized the learning in a logical sequence.	❑	❑	❑
Demonstrated knowledge of subject matter.	❑	❑	❑
Managed time effectively.	❑	❑	❑
Used audio/visual aids.	❑	❑	❑
Used multiple learning methods (besides lecture).	❑	❑	❑
Attempted to involve all members in discussions.	❑	❑	❑
Handled difficult participants effectively.	❑	❑	❑
Provided summaries at appropriate times.	❑	❑	❑
Connected the current session to future ones.	❑	❑	❑
Closed the session in a clear and memorable way.	❑	❑	❑
Referred to handouts and support materials.	❑	❑	❑

Please use the back of this page to comment on any items marked “Disagree.”

2. Presenter excelled in:

3. Presenter could use more information/training on:

4. Comments:

PROGRAM OBSERVATION CHECKLIST (FFSC)

Program Observed ____________________ Date ______________________________

Presenter ____________________ Observer ______________________________

1. Background

Approximate attendence ______________________________

Location ______________________________

Host organization/command support ______________________________

2. Content

Remains current?	❑ Yes	❑ No
Program objectives were stated?	❑ Yes	❑ No
Program objectives were covered?	❑ Yes	❑ No
Information flowed in a logical sequence?	❑ Yes	❑ No
Adequate time was allowed to cover material?	❑ Yes	❑ No
Session began and ended on time?	❑ Yes	❑ No
Audience was responsive to the presentation?	❑ Yes	❑ No

3. Support Materials

Were visual aids used? ❑ Yes ❑ No

If yes, list what was used and comment on their effectiveness.

____

____

Were handouts used? ❑ Yes ❑ No

If yes, list handouts referred to during program and comment on their appropriateness.

____

____

4. Comments

Record of Program Review & Evaluations

Program Title ______________________________

Responsible Staff Member ______________________________

Type of Evaluation/Review	Evaluator	Date of Eval/Review
SOP Update		
Handouts/Materials Reviewed and Updated		
Participant Evaluation(s)		
Presenter Self Evaluation(s)		
Point of Contact Evaluation(s)		
Presenter Observation Checklist(s)		
Program Observation Checklist(s)		

Summary of Evaluations and Comments:

Recommendations:

Reviewed by:

Staff Member ______________________ Date __________

Supervisor's Name ______________________________

Supervisor's Signature ______________________ Date __________

Financial Counseling
Client Evaluation of Services

In an effort to be more responsive to your needs, we would appreciate your input. Please take a moment to answer the following questions. Thank you for your help.

Counselor's Name: ________________________________ Date: ______________________

Please rate how satisfied you are with the following:	Very Satisfied	Satisfied	Less than Satisfied
1. The counselor adequately explained all procedures including the Privacy Act.	❑	❑	❑
2. I had an opportunity to describe my financial concerns.	❑	❑	❑
3. The counselor demonstrated knowledge of financial counseling.	❑	❑	❑
4. The counselor seemed to understand my situation/problem.	❑	❑	❑
5. The counselor helped me make a plan.	❑	❑	❑
6. The counselor understood my feelings.	❑	❑	❑
7. The referrals and recommendations were appropriate.	❑	❑	❑
8. The service provided helped with my financial problems.	❑	❑	❑
9. The counselor was responsive and caring.	❑	❑	❑

10. Comments ____

____

____

How did you learn about the FFSC's financial counseling services? ______________________________

Tell us about yourself (or your sponsor).

- ❑ Active Duty
- ❑ Retiree
- ❑ Family Member

- ❑ Male
- ❑ Female

- ❑ E-1 to E-6
- ❑ E-7 to E-9
- ❑ O-1 to O-3
- ❑ O-4 or above

Time in Service
- ❑ Less than one year
- ❑ 1-5 years
- ❑ 6-10 years
- ❑ 11 years or more

Financial Counseling Supervisory Observation Checklist

Case #________________________________ Counselor's Name ________________________

Date of Session ______________________ Supervisor's Name________________________

1. Did counselor demonstrate:	Agree	Disagree	N/A
• Professionalism	❑	❑	❑
• Empathy	❑	❑	❑
• Active listening skills	❑	❑	❑
• Ability to identify themes/needs	❑	❑	❑
• Ability to clarify client concerns	❑	❑	❑
• Flexibility of responses	❑	❑	❑
• Ability to analyze and react to the counselor-client relationship	❑	❑	❑
• Knowledge of financial counseling skills	❑	❑	❑
• Ability to explore options	❑	❑	❑
• Knowledge of referral resources	❑	❑	❑
2. Did counselor explain:			
• FFSC role	❑	❑	❑
• Counselor's role	❑	❑	❑
• Confidentiality	❑	❑	❑
3. Did counselor complete:			
• Privacy Act	❑	❑	❑
• Client Information Form	❑	❑	❑
• Financial forms including FPW	❑	❑	❑
• Other__________	❑	❑	❑

Please use the back of this page to comment on any items marked "Disagree".

4. Counselor excelled in:

5. Counselor could use more information/training on:

6. Comments:

Client Authorization of Live/Taped Supervision

I (we) have been informed that I (we) may receive services whether or not I (we) agree to live/taped supervision of the financial counseling session.

I (we) hereby authorize live/taped supervision of my (our) interview with ___________ _____________, FFSC financial counselor. I understand that this is being done for the purpose of training financial counselors.

______________________________	________________________
(Signature)	(Date)
______________________________	________________________
(Signature)	(Date)
______________________________	________________________
(Witness)	(Date)
______________________________	________________________
(Witness)	(Date)

CFS COURSE EVALUATION

Command Financial Specialist Training Course Dates: ____________________

Please indicate your overall opinion of the course by circling the appropriate number on the scale — 5 indicating “HIGH” and 1 indicating “LOW.”

		HIGH				LOW
1.	Subject matter and presentations were well organized.	5	4	3	2	1
2.	Instructors had a good command of the subject matter.	5	4	3	2	1
3.	Instructors responded to the needs of the group.	5	4	3	2	1
4.	My interest in this subject matter has been stimulated by this learning experience.	5	4	3	2	1

Please indicate the usefulness of these individual modules to you — 5 indicates “HIGH” usefulness and 1 indicates “LOW.”

		HIGH				LOW
1.	The Need for Personal Financial Management	5	4	3	2	1
2.	Intro to Personal Financial Management and the Financial Planning Worksheet	5	4	3	2	1
3.	Military Pay and Allowances	5	4	3	2	1
4.	Pay and Allowances Case Studies	5	4	3	2	1
5.	Introduction to Financial Counseling	5	4	3	2	1
6.	Reducing Living Expenses Exercise	5	4	3	2	1
7.	Consumer Awareness	5	4	3	2	1
8.	Legal Issues of Personal Financial Management	5	4	3	2	1
9.	Navy/Marine Corps Relief Society	5	4	3	2	1
10.	What FFSC Can Do for You	5	4	3	2	1
11.	Tricare/Housing/EFM	5	4	3	2	1
12.	Resource Training	5	4	3	2	1
13.	Record Keeping and Practical Exercises	5	4	3	2	1
14.	Financial Planning Worksheet Computer Program	5	4	3	2	1
15.	Credit Management	5	4	3	2	1
16.	Credit Reporting Agencies	5	4	3	2	1
17.	Debt Management Programs	5	4	3	2	1
18.	Processing Letters of Indebtedness	5	4	3	2	1
19.	The Insurance Decision	5	4	3	2	1
20.	Group Case Studies	5	4	3	2	1
21.	Financial Counseling Techniques	5	4	3	2	1
22.	Communication Skills Role Play	5	4	3	2	1
23.	Car Buying Strategies	5	4	3	2	1
24.	Wealth Building Seminar	5	4	3	2	1
25.	Developing Your Program	5	4	3	2	1
26.	CFS Panel Discussion	5	4	3	2	1

Which parts of this course should be given more time? ______________________________

____

____

Which parts of this course should be given less time? ______________________________

____

____

What do you consider to be strong points of this course? ______________________________

____

____

Would you recommend this course to others? Why or why not? ______________________________

____

____

On a scale of 5 to 1 — 5 being “HIGH” and 1 being “LOW” please indicate how your attitude toward personal finances has CHANGED since attending the course.

HIGH				LOW
5	4	3	2	1

How does your attitude toward personal finances compare to the attitude of your peers? ______________________________

How will you help educate them? ______________________________

____

____

How do you plan to initiate preventive financial education in your command? ______________________________

____

____

____

Comments: ______________________________

____

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